

ACUSHNET COMPANY**RECEIVED
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DATE: January 19, 2006

TO: Mail Stop Amendment
Commissioner for Patents
Examiner: Buttner, David J.
Art Unit: 1712
Facsimile No.: 571-273-8300

FROM: William B. Lacy
Customer Number: 40990
Phone No.: 508-979-3540

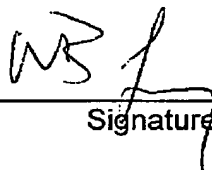
RE: Application Serial No.: 10/807,846
Response to Office Action of August 19, 2005

Pages including cover sheet: 16

Certificate of Transmission Under 37 C.F.R § 1.8

I hereby certify that this correspondence (16 pages), including this facsimile cover sheet, a signed Response (13 pages), a fee transmittal (1 page), a Petition for Extension of Time (1 page) is being facsimile transmitted to the U.S. Patent and Trademark Office, Art Unit 1712

on January 19, 2006
Date


Signature

William B. Lacy
Name of person signing Certificate

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JAN 19 2006

Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act. 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2005		Complete If Known	
		Application Number	10/807,846
		Filing Date	March 24, 2004
		First Named Inventor	David A. Bulpett
		Examiner Name	BUTTNER, DAVID J
		Art Unit	1712
TOTAL AMOUNT OF PAYMENT		(S)	0.00
		Attorney Docket No.	B03-31

METHOD OF PAYMENT

Deposit Account Deposit Account Number: 502309 Deposit Account Name: Acushnet Company

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	Filing Fee (\$)	Search Fee (\$)	Examination Fee (\$)	Fees Paid (\$)
<input type="checkbox"/> Utility	300	500	200	
<input type="checkbox"/> Design	200	100	130	
<input type="checkbox"/> Reissue	300	500	600	
<input type="checkbox"/> Provisional	200	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200

Total Claims	Paid TC	Extra Claims	Fee (\$)	Fee Paid (\$)
	=	0	50	0

Paid TC = the greater of 20 or highest number of total claims paid for

Independent Claims	Paid IC	Extra Claims	Fee (\$)	Fee Paid (\$)
	=	0	200	0

Paid IC = the greater of 3 or highest number of independent claims paid for

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

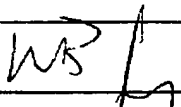
Total Sheets	Extra Sheets	(round up to integer)	Fee (\$)	Fee Paid (\$)
- 100 =	/ 50 =		250	

4. OTHER FEES

Extension for response within second month \$450

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SUBMITTED BY

Signature		Registration No.: 48,619	Telephone: 508-979-3540
Name	William B. Lacy	Date: January 19, 2006	